

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026917

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 340
Primary Registration District No. 6149
Registrar's No. 47
FILED JUN 17 1963

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dudley		c. CITY OR TOWN Dudley	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION home		d. STREET ADDRESS (If outside, give location) Dudley	
Length of stay in 1b 60 yrs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Minnie May Hayden			4. DATE OF DEATH Month Day Year May 31, 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-6-71	9. AGE (last birthday) 91	10. IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Marion Ind.	
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME David Winans		14. NAME OF HUSBAND OR WIFE Deceased	
15. MOTHER'S MAIDEN NAME Cynthia		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Willie Hayden Puxico, Missouri	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Willie Hayden Puxico, Missouri	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decomposition Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 14 days	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	

20f. CITY, TOWN, OR LOCATION Puxico, Missouri		20g. COUNTY Stoddard		20h. STATE Missouri	
21. I attended the deceased from 5-17-63 to 5-31-63 and last saw her alive on 5-31-63 Death occurred at 3:15 P on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) S. S. Haines M.D.		22b. ADDRESS 321. Oak St Puxico, Mo		22c. DATE SIGNED 6-4-63	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-2-63		23c. NAME OF CEMETERY OR CREMATORY Puxico, City	
23d. LOCATION (City, town, or county) Puxico, Missouri		23e. DATE RECD. BY LOCAL REG. 6-12-63		23f. REGISTRAR'S SIGNATURE Delmar V. Jenkins	

24. FUNERAL DIRECTOR Morgan Funeral Home Puxico, Mo		25. ADDRESS Puxico, Mo		26. DATE RECD. BY LOCAL REG. 6-12-63	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 10-30

2 10-30

3

4 1

5 2

6

7 1

8 3

9 4500

10

11

12 9-0

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm. H. Morgan

Licensed Embalmer No.

4640

P. O. Address

Advaner, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.